SECTION 1

Contact Name: _____ Phone: _____ Date: _____

Agency Name: _____ Agency Number: _____

Agency Address: _____

Action Codes	**Authorization Codes**
	See Form instructions for details about codes and completing this form.

	Accounting Security Requestor	Payroll / Personnel Approval		Other Security Requestor
A = ADD **C= CHANGE** **D = DELETE**	1. 1099 2. FAS 3. P-Card 4. *STARS 5. *Travel Express 6. All Accounting Codes 7. IBIS - STARS Data	9. Payroll Reporting Access Administrator 10. EIS Online Inquiry 11. *Payroll Signer 12. *Personnel Signer 13. *Position Control Signer 14. I-Time CPO 15. Signed By	16. IPOPS Statewide Approval (typically used by DHR and DFM) 17. IBIS - Non-confidential 18. IBIS - Confidential 19. IBIS - Earnings 20. IBIS - Deductions	21. Misc. Mainframe Access (including FTP) 22. Web Security Only 23. Surplus Property Declaration 24. All Codes of Other Access

*Additional form needed for user access to STARS, Travel Express and IPOPS

SECTION 2

Enter Action Code	Employee Authorized to Request Secure Access (web / mainframe) or Approve Documents	Enter Authorization Code(s)
	Print Name: _____ Position title: _____ Phone: _____ E-Mail: _____ Signature: _____	

Comments:

This signed document authorizes the above employee to sign documents, to monitor access to Internet applications, or to request security changes for the State Controller's Office (SCO), Computer Service Center's (CSC) mainframe applications according to the selected authorization code(s). The State Controller's Office shall recognize only the above individual's sanctioned written signature; electronic signature; or electronic communication using a unique user identification and password ascribed by the SCO (state payroll system). The date of the agency head signature will serve as the effective date for each authorization and the most recent date will supersede any prior authorizations.

The agency head hereby agrees to ensure compliance with applicable laws, rules, regulations, policies and/or procedures prescribed for each authorization. As needed, the State Controller's Office will provide policies or procedures pertinent to the SCO documents or access authorizations cited above.

SECTION 3

Approved By:	_____ Agency Director or Elected Official Signature	**Date:** _____

Per the form instructions: send the Original form to the State Controller's Office and keep a copy of the form at your agency.